

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE ARKANSAS

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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE

Revised:

September 1, 1999

18. Hospice Care

Hospice Care is reimbursed utilizing the principles of reimbursement as detailed in the State Medicaid Manual, Chapter IV, Sections 4306 and 4307, as amended by Public Law 105-33, "The Balanced Budget Act of 1997". The State will apply, to the reimbursement rate applicable to each level of hospice care, the Hospice Wage Index multiplier assigned to the county in which the patient receives the particular hospice service.

STATE	<u>Arkansas</u>	A
DATE RECD	<u>6-28-99</u>	
DATE APPVD	<u>11-16-99</u>	
DATE ETP	<u>9-1-99</u>	
HCFA 179	<u>99-11</u>	

SUPERSEDES: TN - 94-26

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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE

Revised: July 1, 1991

19. Case Management Services

A. Pregnant Women

Reimbursement is a negotiated rate. Refer to Item 20.b. for detailed information.

B. Persons Sixty Years of Age and Older

Reimbursement is based on the lesser of the billed amount or the Title XIX (Medicaid) maximum allowable for each procedure. Case management services are billed on a per unit basis. One unit equals 15 minutes.

The maximum rates are based on a Social Services Worker III, Department of Human Services position, which most closely matches the duties of a case manager as defined in the Targeted Case Management amendment. As such, they are not based on the actual costs of Area Agencies on Aging. Cost categories include salary (\$25,480), overhead and administration (\$2,548 -- using salary as the allocation base), benefits (\$5,096 -- using salary as the allocation base), and travel expenses reimbursed at state approved rates associated with case management (average annual mileage of $9,149 \times 0.25$ per mile = \$2,287.25). As such, the targeted case management unit rate is \$4.25 [$\$25,480 + \$2,548 + \$5,096 + \$2,287.25 = \$35,411.25 / 2080$ (52 weeks \times 40 hours per week) = \$17.02. Rounding per diem to the nearest dollar on the basis of:

- . 51 cents or higher, increase to next dollar
- . 50 cents or lower, decrease to next lower dollar

$17.00 / 4 = 4.25$ per 15 minute unit]. These costs are appropriate for other types of case management providers because they encompass the types of duties, overhead costs, and travel costs associated with case managers currently performing the service.

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STATE	DATE REC'D
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Revised: August 1, 1994

19. Case Management Services (Continued)

- C. Medicaid recipients age twenty-two and older who are diagnosed as having a developmental disability of mental retardation, cerebral palsy, epilepsy, autism or any other condition of a person found to be closely related to mental retardation because it results in impairment of general intellectual functioning or adaptive behavior similar to those of persons with mental retardation or require treatment and services similar to those required for such persons and are not receiving services through the DDS Alternative Community Services (ACS) Waiver Program.

Reimbursement is based on the lesser of the billed amount or the Title XIX (Medicaid) maximum allowable for each procedure. Case management services are billed on a per unit basis. One unit equals 15 minutes.

The maximum rates are based on a Social Services Worker III, Department of Human Services position, which most closely matches the duties of a case manager as defined in the Targeted Case Management amendment. Cost categories include salary (\$25,480), overhead and administration (\$2,548 -- using salary as the allocation base), benefits (\$5,096 -- using salary as the allocation base), and travel expenses reimbursed at state approved rates associated with case management (average annual mileage of $9,149 \times 0.25$ per mile = \$2,287.25). As such, the targeted case management unit rate is \$4.25 [$\$25,480 + \$2,548 + \$5,096 + \$2,287.25 = \$35,411.25 / 2080$ (52 weeks \times 40 hours per week) = \$17.02. Rounding to the nearest dollar on the basis of:

- . 51 cents or higher, increase to next dollar
- . 50 cents or lower, decrease to next lower dollar

17.00/4 = 4.25 per 15 minute unit]. These costs are appropriate for other types of case management providers because they encompass the types of duties, overhead costs, and travel costs associated with case managers currently performing the service.

STATE	<u>Arkansas</u>	A
DATE REC'D	<u>JUN 09 1994</u>	
DATE APP'D	<u>JUL 06 1994</u>	
DATE EFF	<u>AUG 01 1994</u>	
HCFA 179	<u>94-11</u>	

TN No. 94-11 Approval Date JUL 06 1994 Effective Date AUG 01 1994

Supersedes TN No. 94-02

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August 1, 1994

19. Case Management Services (Continued)

- D. Medicaid recipients age twenty-one and younger who experience developmental delays; have a diagnosed physical or mental condition which has a high probability of resulting in a developmental delay; are determined to be at risk of having substantial developmental delay if early intervention services are not provided; are diagnosed as having a developmental disability which is attributable to mental retardation, cerebral palsy, epilepsy, autism or any other condition of a person found to be closely related to mental retardation because it results in impairment of general intellectual functioning or adaptive behavior similar to those of persons with mental retardation or requires treatment and services similar to those required for such persons and are not receiving services through the DDS Alternative Community Services (ACS) Waiver Program.

Refer to Attachment 4.19-B, Page 7a, Item 19.C. for the reimbursement methodology.

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DATE REC'D	<u>JUN 09 1994</u>	
DATE APP'D	<u>JUL 06 1994</u>	
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OTHER TYPES OF CARE

Revised: November 1, 1997

RESERVED

STATE	Arkansas	A
DATE REC'D	11/18/97	
DATE APP'D	12/9/97	
DATE EFF.	11/1/97	
HCFA 179	97-20	

SUPERSEDES: TN. 92-39

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RESERVED

STATE	Arkansas	A
DATE-REC'D	11/18/97	
DATE APP'D	12/9/97	
DATE EFF	11/1/97	
HCFA 179	97-20	

SUPERSEDES: TN - 96-09

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RESERVED

STATE	Arkansas	A
DATE RECD	11/18/97	
DATE APPV'D	12/9/97	
DATE EFF	11/1/97	
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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
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Revised: November 1, 1997

RESERVED

STATE	Arkansas
DATE REC'D	11/18/97
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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE

Revised: January 1, 1998

19. Case Management Services (Continued)

F. Target Group:

This service will be reimbursed when provided to children who are Medicaid recipients age 0-20 who are either at risk of abuse or neglect or are abused or neglected children and are in the care or custody of the Department of Human Services, Division of Children and Family Services (DCFS).

An interim rate will be established. In order to ensure that such rate is reasonable for all providers, it will be based on - and continue to be bound to - the actual cost of DCFS in providing case management services to the target population. To the extent that payments will be made to governmental service providers, in accordance with Federal Office of Management and Budget Circular No. A-87 requirements, such payments shall not exceed the costs of providing such services.

These interim rates will be established for every six month period ending June 30 and December 31. After the actual costs for the period has been determined, all claims paid during this period will be adjusted to the actual rate. A new interim rate will be determined as described above. This will be repeated every six months to adjust claims paid at the interim rate to actual cost.

The Medicaid Targeted Case Management unit rate will be determined as follows:

Compute the Actual cost of providing targeted case management services through DCFS during its most recently completed 6 month period for which actual costs data exists, which includes case managers, their direct supervisory and support staff, and their indirect administrative staff. This cost includes salaries and benefits; other operating costs including travel, supplies, telephone and occupancy cost; and indirect administrative costs in accordance with Circular A-87.

Multiplied by Percentage of time spent by DCFS Family Service Workers in performing case management work on behalf of children in the care or custody of DCFS. This percentage will be taken from the current random moment time study (RMTS) which is performed quarterly. The RMTS is currently used to allocate worker time to various functions so as to properly allocate and claim funds from the appropriate programs.

Multiplied by Percentage of Medicaid recipients among number of clients serviced in the month. Taken together with the RMTS percentages, this will give the percentage of the total cost of service worker time described above that is allocable to targeted case management.

TN No. _____ Approval Date _____ Effective Date _____

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93-14

STATE	Arkansas
DATE REC'D	January 6, 1998
DATE APP'D	April 1, 1998
DATE EFF	January 1, 1998
HCFR 179	94-23

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Revised: January 1, 1998

19. Case Management Services (Continued)

F. Target Group:

This service will be reimbursed when provided to children who are Medicaid recipients age 0-20 who are either at risk of abuse or neglect or are abused or neglected children and are in the care or custody of the Department of Human Services, Division of Children and Family Services (DCFS).

Equals	Total cost for Medicaid Targeted Case Management Services.
Divided by	Six Months.
Equals	Average monthly cost of Medicaid Targeted Case Management Services.
Divided by	Number of clients in receipt of Medicaid to be served during the month.
Equals	Monthly cost per Medicaid eligible client for Medicaid Targeted Case Management Services. This is the monthly case management interim unit rate which will be billed for each Medicaid recipient in the target group each month. Documentation of case management services delivered will be retained in the service worker case files.

The monthly case management interim unit rate is that amount for which the provider will bill the Medicaid Agency for one or more case management services provided to each client in receipt of Medicaid during that month. This "monthly case management unit" will be the basis for billing. A monthly case management unit is defined as the sum of case management activities that occur within the calendar month. Whether a Medicaid client receives twenty hours or two hours or less, as long as some service is performed during the month, only one unit of case management service per Medicaid client will be billed monthly.

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DATE REC'D <u>January 6, 1998</u>	
DATE APP'VD <u>April 1, 1998</u>	
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